

APPLICATION FOR VARIANCE - Primarily Concerning Large Capacity Cesspools

Wastewater Systems

In accordance with Chapter 342 D Hawaii Revised Statutes as of December 9, 2004

Submit ONE (1) original with filing fee of **\$300.00** payable to **State of Hawaii** to:

**Hawaii State Department of Health
Wastewater Branch
919 Ala Moana Blvd. Room 309
Honolulu, Hawaii 96814-4920
Ph (808) 586-4294 Fax (808) 586-4300**

Attachments are allowed. For copying purposes, 8 ½" x 11" format is preferred.

I. GENERAL INFORMATION (please print or type):

A. Name: _____
(Corporation, company, agency, firm, etc. seeking variance)

Contact person: _____

Mailing address: _____

(City)

(Island)

(Zip Code)

Nature of Business: Check applicable category. EPA makes the final determination of a Large Capacity Cesspool (LCC).

- ☐ Non-Residential LCC
- ☐ Retail Business
 - ☐ Visitor Center
 - ☐ Church
 - ☐ School
 - ☐ Golf course clubhouse / restroom
 - ☐ Restaurant / food establishment
 - ☐ Other, please specify: _____

- ☐ Residential LCC
- ☐ Multiple dwelling
 - ☐ Community system
 - ☐ Regional system
 - ☐ Other, please specify: _____

Provide location of existing cesspool(s):

Tax Map Key No. (____) _____ - _____ - _____ : _____
1=Oahu 2=Maui 3=Big Island 4=Kauai

(Number) (Street)

(City) (Island) (Zip Code)

B. Individual authorized to act for applicant:

Name: _____

Title: _____

Company: _____

Address: _____

(City) (Island) (Zip Code)

Phone No.: _____ Fax No.: _____

Email Address: _____

C. Identify the specific section(s) of Chapter 11-62 for which the variance is requested.
Check applicable sections:

- ☐ Section 11-62-03 Definitions state "Individual wastewater system means a facility which is used and designed to receive and dispose of no more than one thousand gallons per day of domestic wastewater. Each individual wastewater system includes all connected plumbing, treatment (if any), and disposal components that could, if not connected, serve as separate wastewater systems."
- ☐ Section 11-62-31.1 (a) (1) (A) "Developments involving dwellings: There shall be 10,000 square feet of land area for each individual wastewater system."
- ☐ Section 11-62-31.1(a)(1)(C) "Developments involving dwellings: Area of the lot shall not be less than 10,000 square feet except for lots created and recorded before August 30, 1991. For lots less than 10,000 square feet which were created and recorded before August 30, 1991, only one individual wastewater system shall be allowed."
- ☐ Section 11-62-31.1(a)(2)(A) "Developments involving buildings other than dwellings: There shall be 10,000 square feet of usable land area for each individual wastewater system. Usable land area shall not include the area under the buildings."

- [] Section 11-62-31.1(a)(2)(B) "Developments involving buildings other than dwellings: The total wastewater flow of the development shall not exceed 15,000 gallons per day."
- [] Section 11-62-31.1(a)(2)(C) "Developments involving buildings other than dwellings: Area of the lot shall not be less than 10,000 square feet except for lots created and recorded before August 30, 1991. For lots less than 10,000 square feet which were created and recorded before August 30, 1991, only one individual wastewater system shall be allowed."
- [] _____
- _____
- _____

II. SPECIFIC INFORMATION:

- A. Describe existing facility conditions in detail, in relation to the requested variance. (Example: *Requested Variance for HAR Section 11-62-31.1 (a)(2)(C): The total area of the subject lot is 8,500 square feet. The lot has 2 buildings on it consisting of a restaurant and a physical therapy office which are served by a cesspool. The estimated wastewater flow is 2,000 gpd.*)

- B. Describe how the present or proposed conditions fail to conform to the environmental rules of the State. Check applicable category and provide missing information.

- [] The area of the lot is _____ square feet. This is insufficient to meet the minimum land area requirement for IWS utilization which is one IWS per 10,000 square feet of lot area.
- [] The large capacity septic system proposed to serve the facility would not comply with HAR Section 11-62-03 because the IWS would receive more than 1,000 gallons per day of wastewater. The estimated flow into the system would be _____ gallons per day.

☐ Other, please specify: _____

C. Describe in detail why the present or proposed equipment and/or operating conditions cannot be altered to bring such facility into compliance with the environmental rules of the State within a reasonable amount of time. Check all applicable reasons.

- ☐ The existing large capacity cesspool(s) must be closed and replaced with a new treatment individual wastewater system by April 5, 2005 in order to comply with federal requirements.
- ☐ The current State requirement of a wastewater treatment plant would significantly add to the construction and ongoing maintenance costs.
- ☐ The facility has been in operation for _____ years in this location using the existing cesspool. The installation of a wastewater treatment plant in lieu of a septic system will not be possible due to space restrictions and may force the owner to abandon the business operation.
- ☐ Other, please specify: _____

D. Check applicable reasons listed below and/or supply supporting information (Attachments D-1, D-2 & D-3) to clearly show that:

(1) The granting of the variance is in the public interest as defined in the Hawaii Revised Statutes, Section 342.D-6(c).

- ☐ The applicant believes this variance request is in the public interest because the LCC will be upgraded to an IWS (septic system). The IWS plans will be designed by an engineer and will be submitted to DOH for review and approval. The new IWS will provide a better wastewater treatment system compared to the existing LCC. Therefore, impact to the environment will be minimized.
- ☐ Prevent loss of jobs. The LCC serving my facility has been in operation for _____ years. The current State requirements of a wastewater treatment plant would significantly add to the construction and ongoing maintenance costs. I (owner) may be forced to close my existing business and lay off my employees.
- ☐ _____

(2) The granting of the variance will not substantially endanger human health or safety.

☐ The existing LCC will be upgraded to an IWS (septic system). The IWS will provide a better treatment system prior to effluent disposal. The IWS will be designed and constructed to meet the Department of Health standards. The impact to the environment will be minimized compared to the current wastewater disposal system.

☐ The proposed treatment individual wastewater systems will provide greater protection than the large capacity cesspools. The proposed IWS is an improvement over the existing cesspool in terms of wastewater treatment. The septic tank will provide pretreatment and sludge removal prior to effluent disposal.

☐ Other, please specify: _____

(3) Compliance with the rules or standards from which the variance is sought would produce serious hardship without equal or greater benefit to the public.

☐ The residents of _____ are economically depressed.

☐ The owner of the facility cannot afford to build and operate wastewater systems (such as small aerobic wastewater treatment plants) to meet all the requirements of HAR Chapter 11-62.

☐ The existing location of the facility is severely restrictive, and there is insufficient space to construct a wastewater treatment plant.

E. Specify the amount of time requested for the variance and the reasons for such a time period. Note that the Director cannot issue a variance for a period exceeding five years (if additional space is required, please include the information on a separate attachment and label "Attachment E-1"). Check applicable amount of time requested.

<input type="checkbox"/> 5 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 3 years
<input type="checkbox"/> 2 years	<input type="checkbox"/> 1 year	

F. Submit any additional information which will support this application for a variance (i.e., statements, plans, area maps, histories, etc.) Label "Attachment F-1."

III. CERTIFICATION:

I, _____, _____,
(Print Name) (Print Title)

certify that I have knowledge of the facts herein set forth and that the same are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

DO NOT WRITE BELOW - FOR AGENCY USE ONLY

IV. Date Application received: _____

V. Application No.: _____

VI. Docket No.: _____

VII. Received by: _____

VIII. Filing fee **(\$300.00)** check date: _____ Check # _____

IX. Department of Health Receipt # _____

X. Decision on Application (including date): _____

XI. Date of Public Hearing: _____

INFORMATION FOR VARIANCE EVALUATION BY UIC PROGRAM

Underground Injection Control (UIC) Program, Safe Drinking Water Branch

Department of Health, State of Hawai'i

919 Ala Moana Blvd., #308, Honolulu, HI 96814

Tel. No. 808-586-4258, Fax: 808-586-4351

For Office Use

App. # WW: _____
☐ above ☐ below UIC line

Attention: This information will be used to determine your project's applicability to UIC requirements and the authorization to abandon or operate the effluent disposal system. Answer all parts accurately and completely. Inaccurate or incomplete answers may result in processing delays.

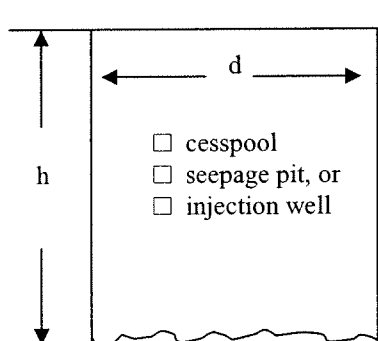
Facility address: _____ Owner: _____

Island: _____ TMK No.: _____ Lot size: _____ sq. ft.

Action related to disposal (check all applicable): ☐ abandon cesspool ☐ reuse cesspool ☐ build new cesspool
☐ reuse cesspool as seepage pit ☐ build new seepage pit ☐ reuse leachfield ☐ build new leachfield ☐ reuse injection well
☐ build new injection well ☐ other: _____

Describe the disposal structure: ☐ leachfield _____ ft. x _____ ft. x _____ ft. deep

OR

	how many: _____	_____
	grd. elev. (g) ft. _____	_____
	diameter (d) ft. _____	_____
	depth (h) ft. _____	_____
	depth to standing water from surface if present: _____	_____

Wastewater type (check all applicable): ☐ domestic ☐ residential ☐ non-residential ☐ runoff ☐ industrial
☐ aquaculture ☐ commercial products processing ☐ food processing ☐ animal-related ☐ swimming pool/tubs
☐ condensate ☐ aesthetics ☐ healthcare-related ☐ floor drains ☐ other: _____

Facility's wastewater flow in gallons per day: _____ Average _____ Maximum _____

Existing design: _____ Future design: _____ Actual (measured or metered): _____

Person providing this information:

☐ is the owner.

☐ is representing the owner.

Printed name: _____ Signed: _____

Title: _____ Company: _____

Address: _____

Date: _____ Phone: _____ Fax: _____
(0408)